Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-19-2010</u>	Address:	312 S. WALNUT ST.
Case #:	<u>24F31705</u>		<u>PLYMOUTH</u>
County:	MARSHALL		<u>INDIANA</u>
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (o Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open — No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faved to the following agencia		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: LE	
This report is to be faxed to the following agencies that serve the location:			
^	ment: PLYMOUTH FIRE	Fax: <u>574-9</u> Fax: <u>(574)</u>	
Health Department: MARSHALL CO.		Fax:	
Child Prote	ection Service: <u>n/a</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

 This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.